

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	3386	11/9
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	1/1
Original	1/8
1 (1) =	1/10
2 (2) ✓	1/10
3 (3) =	1/10
4 (4) ✓	1/10
5	1/10
6	1/10
7	1/10
8	1/10
9 (9)	1/10
10	1/10
11 ✓	1/10
12 =	1/10
13	1/10
14 ✓	1/10
15 ✓	1/10
16	1/10
17	1/10
18 ✓	1/10
19 =	1/10
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SYMBOLS

✓	Rejected
—	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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